. S. No. 2
0M—2-43
v. 5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1945

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 10708

Registrar's No. 636

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1541 Valle Avenue.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1541 Valle Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clifford R. Tateman.

3. (b) If veteran, name war World War No. 2

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 23, 1905. (Month) (Day) (Year)

8. AGE: Years 39 Months 9 Days 15 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Machinist Inspector.

11. Industry or business Wagner Electric Corp.

FATHER
12. Name Frederick E. Tateman.
13. Birthplace Cincinnati, (City, town, or county) Ohio. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Justice.
15. Birthplace Bantom, (City, town, or county) Ohio. (State or foreign country)

16. (a) Informant Mr. Frederick E. Tateman.
(b) Address 3195 So. Grand Boulevard.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-1945. (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) MAR 12 1945 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 th. year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Carbon Monoxide Asphixia -

Due to Suicide

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy p.m. Carbon Monoxide Asphxia

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence March 10th 1945
(c) Where did injury occur? Wellston, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Garage, rear of home (Specify type of place)
While at work? (e) Means of injury

23. Signature Arnold J. Wellmann (M. D. or other) Coroner
Address Clayton, Mo. Date signed 3-13-45

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1947

APR 11 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ben E. Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.